

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/575732

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.		DEP.		IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/			/			51					
2		/			/			52					
3		/			/			53					
4		/			/			54					
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46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.			↓	3	↓								
TOTAL DEP.			←	9	←								
TOTAL CLAIMS			12										